

Prescription Drug Authorization Form

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In order for Meridian to ship pharmaceuticals to you we must have an authorization from the physician responsible for your department (Medical Director). Please fill in your customer information below. Have your authorizing physician complete the box below, then fax this entire form to Meridian Medical Technologies, Inc. with a valid copy of the physician's license.

- To purchase **controlled narcotics**, we **MUST** also have on file a copy of your Medical Director's or your agencies Federal **DEA Certificate** along with this form. Please note that all controlled narcotic orders may ship only to the address listed on that Federal DEA certificate (no residential addresses please).
- Class IV controlled narcotics, such as **diazepam**, may be ordered once the above required information is on file.
- Class II controlled narcotics, such as **morphine**, require an original Federal DEA Form 222 completed and signed by your Medical Director. Meridian Medical Technologies, Inc. must physically receive the completed Form 222, for every Class II Narcotic order that you place. Meridian will complete Suppliers DEA Registration, NDC and shipping information for you. This Federal Form 222 is in triplicate: Meridian will only accept forms where copies 1 and 2 are not separated with the carbons intact. Please retain copy 3 for your records.

SHIPPING ORDER TO:

Organization Name: _____
Attention to: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
E-mail: _____

This section is to be fully completed by your Medical Director. I hereby authorize the internally designated representative of this department to order emergency prescription medications.

Please INITIAL ALL BLANKS THAT APPLY:

- Limited authorization for the following emergency medications only:**
____ **AtroPen** (atropine injection) 2 mg, 1 mg, 0.5 mg ____ **DuoDote Auto-Injector** (atropine and pralidoxime Cl injection)
____ **CYANOKIT 5g** (hydroxocobalamin for injection) ____ **Pralidoxime Chloride 600 mg Auto-Injector** (pralidoxime Cl injection)

- Limited authorization for emergency medications and narcotics (No shipments to residential addresses):**
Please check the appropriate box(s) for controlled substance authorization:
 Class IV Narcotic Substance Authorization of: ____ **Diazepam 10 mg Auto-Injector** (diazepam injection)
 Class II Narcotic Substance Authorization that the following controlled substances may be listed on the Federal DEA Form 222:
____ **Morphine 10 mg Auto-Injector** (morphine sulfate injection)

NOTE: To process any medication orders, State License number and copy of license is required. If submitting any orders for Narcotics, a DEA number and copy of DEA is required (shipments to residential addresses are not permitted).

Physician Name (please print): _____
State License Number (**COPY OF THE LICENSE** must be attached to this form): _____
DEA Number(s) (if applicable, **COPY OF THE LICENSE** must be attached to this form): _____
E-mail: _____ Phone: _____ Fax: _____
Signature: _____ Date: _____

Authorization is valid for one year from the date shown above.